

PERSONAL DATA FORM

Employee Name: _____ Effective Date: _____

Social Sec. #: _____ New _____ Change _____

Agency ID: _____ Agency Name/Location: _____

.....
New Name (if applicable): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Sex: ☐ Male ☐ Female Date of Birth: _____

Single _____ Married _____ Date of Marriage _____

Divorced _____ Date of Divorce _____

Are you currently or have you ever been a member of a State of New Mexico Union, participating in a union payroll deduction? Yes ☐ No ☐

.....
Voluntary Information: The information requested below is voluntary, but is needed to assure compliance with analysis and reporting requirements of Federal Equal Opportunity laws. Your cooperation is appreciated.

Ethnicity (check one): ☐ (A) American Indian/Alaskan Native ☐ (B) Black American
☐ (C) Caucasian ☐ (R) Asian/Pacific Islander ☐ (S) Spanish Surnamed
☐ Other (Please Specify) _____

Handicap (Check if appropriate): ☐ (A) Ambulatory ☐ (C) Coordination ☐ Hearing ☐ (L) Learning
☐ (M) Mental/Psychological ☐ (P) Speech ☐ (S) Sight ☐ (O) Other ☐ (X) Decline

Military Status (Check if appropriate): ☐ (A) Active Reserve ☐ (I) Inactive Reserve ☐ (R) Retired
☐ (V) Vietnam Era Veteran ☐ (S) Special Disabled Vietnam Veteran
☐ (D) Special Disabled Veteran ☐ (O) Other

Education Level: Total Years of Education: _____ (Check one below:)
☐ (01) No academic credentials ☐ (02) High School Diploma/GED ☐ (03) Trade Certificate
☐ (04) Some College ☐ (05) Associate's Degree ☐ (06) Bachelor's Degree
☐ (07) Master's Degree ☐ (08) Professional Degree ☐ (09) Other Doctorate ☐ (10) PhD

Referral Source: (Check one)
☐ (A) Public Employment Agency ☐ (B) Private Employment Agency ☐ (C) Media Ad
☐ (D) Personal Reference ☐ (E) Special Recruitment ☐ (F) Walk-in ☐ (G) Other

Signature: _____ Date: _____

For office use: Ent _____ Date: _____
Revised 7/13/06